

SUBSTANCE ABUSE TREATMENT FACT SHEET
Massachusetts Department of Public Health, Bureau of Substance Abuse Services
February, 2002

This fact sheet contains information about the impact of alcohol and other drug use in the Norfolk, Bristol, and Plymouth Senatorial District. Admission data were reported to the Bureau of Substance Abuse Services (BSAS) Substance Abuse Management Information System in FY 2001.

Residents of Norfolk, Bristol, and Plymouth Senatorial District

Treatment Admissions:

In FY 2001, there were 120,687 admissions to licensed substance abuse treatment services in all of Massachusetts. Of these, 1.2% (1,424) reside in the Norfolk, Bristol, and Plymouth Senatorial District. Due to budget cuts in FY 2002, BSAS estimates that 19% (271) of Norfolk, Bristol, and Plymouth Senatorial District residents will not be able to access treatment services. **Please note that these statistics represent only individual admissions, and represent a figure lower than the actual number of constituents in need of treatment services.**

- In FY 2001, 77.3% of admissions from the Norfolk, Bristol, and Plymouth Senatorial District were male and 22.7% were female.
- Over 60.8% of admissions were between the ages of 30-49.
- 87.6% of admissions were white non-Latino, 5.5% were black non-Latino, 3.7% were Latino, 0.3% were Asians, and 2.9% were other racial categories.
- 55.2% of those admitted to treatment were never married, 19.8% were married, and 17.6% reported not to be married now.
- 23.9% of admissions had less than high school education, 50.1% completed high school, and 25.9% had more than high school education.
- 41.2% of those admitted to treatment were employed.
- 14.0% of those admitted were homeless.
- 12.6% of admissions had prior mental health treatment.

Substances Used in Past Year:

Upon entering treatment, each client is asked to report ALL substances used in the past year (12 months) prior to admission. Admissions frequently report using more than one substance within the year. The use of more than one psychoactive substance, such as alcohol and marijuana, is referred to as 'polydrug' or 'polysubstance' use. For example, individuals who use cocaine, crack and heroin also may report the use of either alcohol and/or marijuana.

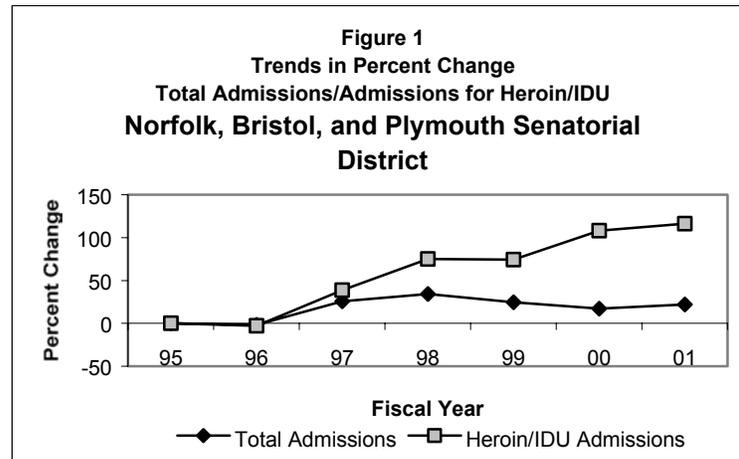
- Table 1 shows ALL substances which clients reported using in the year prior to admission, including the prevalence of injection drug use (IDU) in the Norfolk, Bristol, and Plymouth Senatorial District. Injection drug users (or IDU's) are individuals who use a needle to ingest cocaine, crack, heroin or another drug to get high.

Table 1							
Annual Admission by Substance Used							
FY 1995 – FY 2001							
Norfolk, Bristol, and Plymouth Senatorial District							
	Total	Alcohol	Marijuana	Cocaine	Crack	Heroin	IDU
FY '95	1,167	1,032	310	317	157	196	133
FY '96	1,145	1,016	373	329	139	190	129
FY '97	1,465	1,300	437	376	244	257	199
FY '98	1,565	1,350	504	394	259	334	242
FY '99	1,454	1,240	476	410	228	328	245
FY '00	1,366	1,098	426	326	177	389	295
FY '01	1,424	1,145	441	373	180	421	290

- Since peaking in FY 1998, residents of Norfolk, Bristol, and Plymouth Senatorial District reported a leveling off in alcohol, marijuana, cocaine, and crack use. However, between FY 1995 and FY 2001, there was a substantial 115% increase in heroin use.

Heroin and Injection Drug Use:

Figure 1 below shows the proportional increases in all admissions in the Norfolk, Bristol, and Plymouth Senatorial District and the proportional increase in admissions reporting heroin and injection drug use, a factor driving increases in HIV¹.



- Total treatment admission for all modalities rose 22% between FY 1995 and FY 2001. During the same period, admissions for heroin and injection drug use treatment increased 116%.

Primary Substance of Use:

At admission clients also identify a “primary drug” of use which is the substance currently causing them the most problems.

- Table 2 compares the proportional distribution of primary drugs in Massachusetts with that for the Norfolk, Bristol, and Plymouth Senatorial District.

	Alcohol	Heroin	Marijuana	Cocaine	Crack
District	57.9%	23.9%	5.9%	5.1%	2.8%
State	46.5%	35.9%	6.5%	3.9%	3.4%

- While heroin and crack as a primary drug of use in your Senatorial District was lower than the State average, alcohol and cocaine were higher within your District.

¹ The Schneider Institute for Health Policy, Brandeis University, 2000